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601 Service Codes and Descriptions

Service

92541

92542

Code-Modifier Service Description

AUDIOLOGICAL SERVICES

Vestibular Function Tests, with Recording and Medical Diagnostic Evaluation

Positional nystagmus test, minimum of 4 positions, with recording

Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording

, 20 . 2	1 obtained hybridgines test, imminum of 1 positions, with recording
92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
92545	Oscillating tracking test, with recording
92546	Sinusoidal vertical axis rotational testing
92547	Use of vertical electrodes (List separately in addition to code for primary procedure.)
	Audiologic Function Tests with Medical Diagnostic Evaluation
92552	Pure tone audiometry (threshold); air only (S.P. 92553)
92553	air and bone
92555	Speech audiometry threshold (S.P. 92556)
92556	with speech recognition
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
92563	Tone decay test
92565	Stenger test, pure tone
92567	Tympanometry (impedance testing)
92568	Acoustic reflex testing
92569	Acoustic reflex decay test
92572	Staggered spondaic word test (S.P. 92589)
92576	Synthetic sentence identification test (S.P. 92589)
92577	Stenger test, speech
92579	Visual reinforcement audiometry (VRA)
92582	Conditioning play audiometry (I.C.)
92583	Select picture audiometry (I.C.)
92584	Electrocochleography (I.C.)
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central
	nervous system; comprehensive
92586	limited
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
92588	comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)

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601 Service Codes and Descriptions (cont.)

Service Code-Modifier	Service Description
92590	Hearing aid examination and selection; monaural
92591	binaural
92592 is	Hearing aid check; monaural (provider was not the original dispenser and the instrument
	older than one year) (listening check of the instrument plus sound field testing of the instrument on the patient; may or may not be performed together with a diagnostic evaluation)
92593	binaural
92594	Electroacoustic evaluation for hearing aid; monaural
92595	binaural
92596	Ear protector attenuation measurements (I.C.)
92620	Evaluation of central auditory function, with report; initial 60 minutes
92621	each additional 15 minutes (maximum of three hours total, including the initial 60 minutes billed under 92620)
	Other Audiological Procedures
92700	Unlisted otorhinolaryngological service or procedure (I.C.)
	Aural Rehabilitation: Lip Reading or Auditory Training
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual (bill in 15-minute units, up to a maximum of one hour)
92508	group, two or more individuals (per member, up to 60 minutes) (bill in 15-minute units, up to a maximum of one hour)
	Cochlear Implant Service Contract
V5014-MS	Repair/modification of a hearing aid — six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty (I.C.)

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601 Service Codes and Descriptions (cont.)

Service

Code-Modifier Service Description

HEARING AID SERVICES

Office Visits for Evaluation and Management Services

99499 Unlisted evaluation and management service (up to a maximum of six services per member per date of service). (Providers may submit a prior-authorization request pursuant to 130 CMR 450.144(A) for members under 21 for units in excess of six per member per date of service.)

Refitting Services/Other Professional Services

V5011 Fitting/orientation/checking of hearing aid

Hearing Aid Purchases-Monaural

V5030	Hearing aid, monaural, body worn, air conduction (P.A. if cost exceeds \$500) (I.C.)
V5040	Hearing aid, monaural, body worn, bone conduction (P.A. if cost exceeds \$500) (I.C.)
V5050	Hearing aid, monaural, in the ear (P.A. if cost exceeds \$500) (I.C.)
V5060	Hearing aid, monaural, behind the ear (P.A. if cost exceeds \$500) (I.C.)
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear) (P.A. if cost
	exceeds \$500) (I.C.)
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear) (P.A. if cost
	exceeds \$500) (I.C.)
V5256	Hearing aid, digital, monaural, ITE (P.A. if cost exceeds \$500) (I.C.)
V5257	Hearing aid, digital, monaural, BTE (P.A. if cost exceeds \$500) (I.C.)
	Hearing Aid Purchases-Binaural

V5130	Binaural, in the ear (P.A. if cost exceeds \$1,000) (I.C.)
V5140	Binaural, behind the ear (P.A. if cost exceeds \$1,000) (I.C.)
V5150	Binaural, glasses (P.A. if cost exceeds \$1,000) (I.C.)
V5252	Hearing aid, digitally programmable, binaural, ITE (P.A. if cost exceeds \$1,000) (I.C.)
V5253	Hearing aid, digitally programmable, binaural, BTE (P.A. if cost exceeds \$1,000) (I.C.)
V5260	Hearing aid, digital, binaural, ITE (P.A. if cost exceeds \$1,000) (I.C.)
V5261	Hearing aid, digital, binaural, BTE (P.A. if cost exceeds \$1,000) (I.C.)

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601 Service Codes and Descriptions (cont.)

Service

<u>Code-Modifier</u> <u>Service Description</u>

Hearing Aid Purchases-CROS and BICROS

V5170	Hearing aid, CROS, in the ear (P.A. if cost exceeds \$1,000) (I.C.)
V5180	Hearing aid, CROS, behind the ear (P.A. if cost exceeds \$1,000) (I.C.)
V5190	Hearing aid, CROS, glasses (P.A. if cost exceeds \$1,000) (I.C.)
V5210	Hearing aid, BICROS, in the ear (P.A. if cost exceeds \$1,000) (I.C.)
V5220	Hearing aid, BICROS, behind the ear (P.A. if cost exceeds \$1,000) (I.C.)
V5230	Hearing aid, BICROS, glasses (P.A. if cost exceeds \$1,000) (I.C.)

Hearing Aid Purchases-Other

V5070	Glasses, air conduction (I.C.)
V5080	Glasses, bone conduction (I.C.)
V5100	Hearing aid, bilateral, body worn (I.C.)
V5274	Assistive listening device, not otherwise specified (P.A.) (I.C.) (Use this code only for pockettalkers.)
V5298	Hearing aid, not otherwise classified (P.A.) (I.C.)

Hearing Aid Repairs, Accessories, and Related Services

V5014	Repair/modification of a hearing aid (I.C.)
V5264	Ear mold/insert, not disposable, any type (I.C.)
V5265	Ear mold/insert, disposable, any type (I.C.)
V5266	Battery for use in hearing device (per battery)
V5267	Hearing aid supplies/accessories (I.C.)
V5275	Ear impression, each
V5299	Hearing service, miscellaneous (P.A.) (I.C.)

Cochlear Implant Batteries

L8620	Lithium ion battery for use with cochlear implant device, replacement, each (I.C.)
L8621	Zinc air battery for use with cochlear implant device, replacement, each (I.C.)
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each (I.C.)

Hearing Aid Dispensing Fees

V5160	Dispensing fee, binaural
V5200	Dispensing fee, CROS
V5240	Dispensing fee, BICROS
V5241	Dispensing fee, monaural hearing aid, any type